

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,064

FILING DATE

9-15-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1 -				
3		1 -				
4		3				
5		① -				
6		1 -				
7		① -				
8		1 -				
9		① -				
10		① -				
11		① -				
12		① -				
13		1 -				
14		1 -				
15		① -				
16		① -				
17		① -				
18	1					
19		1 -				
20	1					
21	1					
22		1 -				
23		2				
24		2				
25		2				
26		2				
27		① -				
28		1 -				
29		① -				
30		① -				
31		1 -				
32		① -				
33		1 -				
34		① -				
35		① -				
36						
37						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						